PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITODING DEDIOD

(2-16)

ST 5037
PERMIT NUMBER

001
DISCHARGE NUMBER

(17-19)

Submit Monthly

NOTE: Read instructions before completing this form.

ADDRESS 4800 State Route 12 Elma, WA 98541 COUNTY Grays Harbor FACILITY Morton International Inc.

Morton International, Inc.

COUNTY	Grays Harbor WIONITOKING PERIOD								
FACILITY	Morton International Inc.		YEAR	МО	DAY		YEAR	МО	DAY
LOCATION		FROM			01	ТО			
			(20-21)	(22-23)	(24-25)	_	(26-27)	(28-29)	(30-31)

PARAMETER		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX.	FREQUENCY OF	SAMPLE TYPE	
(32-37)		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMU DAILY		JNITS	(62-63)	ANALYSIS (64-68)	(69-70)
Flow	SAMPLE MEASUREMENT											
FIOW	PERMIT REQUIREMENT	32,000	44,000	gpd						0	Continuous	Metered
pH*	SAMPLE MEASUREMENT											
рп	PERMIT REQUIREMENT				6		9		s.u.	0	Continuous	Metered
COD	SAMPLE MEASUREMENT											
СОВ	PERMIT REQUIREMENT	400	400	Lbs/day						0	01/30	Composite
COD	SAMPLE MEASUREMENT											
COD	PERMIT REQUIREMENT					Report	Repoi	rt ı	mg/L	n/a	01/30	Composite
TSS	SAMPLE MEASUREMENT											
133	PERMIT REQUIREMENT	n/a	31	Lbs/day						0	01/30	Composite
TSS	SAMPLE MEASUREMENT											
155	PERMIT REQUIREMENT					Report	Repoi	rt ı	mg/L	n/a	01/30	Composite
NAME/III LE PRINCIPAL EXECUTIVE OFFICER D E P G		TIFY UNDER PENALTY OF I PARED UNDER MY DIRECT SINED TO ASSURE THAT UATED THE INFORMATION ONS WHO MANAGE THE S BERING INFORMATION, THE WEIGE AND BELIEF TRUE	TON OR SUPERVISION IN QUALIFIED PERSONNEI SUBMITTED. BASED ON I YSTEM OR THOSE PERSONINFORMATION SUBMITTED	ACCORDANCE WITH L PROPERLY GATH MY INQUIRY OF THE NS DIRECTLY RESPO DIS, TO THE BEST OF	I A SYSTEM IERED AND PERSON OR NSIBLE FOR MY				TELEPHO	ONE	D	ATE
AR PO		SIGNIFICANT PENALTIES SIBILITY OF FINE AND IMPRI	EDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE T SMIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCL ILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 ID 33 USC § 1319. (PENALTIES UNDER THESE STATUES MAY INCLUDE F			IGNATURE OF PRINCIPAL EXECUTIVE AREA						
TYPED OR PRINTED COMMENT AND EXPLANATION OF AN	\$10,0	\$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.) OFFICER OR AUTHORIZED						CODE	N	UMBER	YEAR	MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

^{*} Excursions between 5.0 and 6.0, or 9.0 and 10.0 shall not be considered violations provided no single excursion exceeds 60 minutes in length and total excursions do not exceed seven hours and 30 minutes per month. Any excursions below 5.0 and above 10.0 are violations. The instantaneous maximum and minimum pH shall be reported monthly. Please provide an explanation if the pH reported is outside the range of 6.0 to 9.0 and meets these conditions.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME

ADDRESS

COUNTY

FACILITY

LOCATION

Morton International Inc.

Morton International Inc.

4800 State Route 12

Elma, WA 98541

Grays Harbor

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

001

ST 5037 **PERMIT NUMBER**

DISCHARGE NUMBER

Submit Monthly

NOTE: Read instructions before completing this form.

MONITORING PERIOD YEAR МО МО DAY TO 01 (20-21)(24-25)(26-27)(28-29)(30-31)(22-23)

PARAMETER		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)					FREQUENCY OF	SAMPLE TYPE
(32-37)		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMU DAILY	I IINIII	S (62-63)	ANALYSIS (64-68)	(69-70)
O & G	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	53	53	Lbs/day					0	01/30	Grab
O & G	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					Report	Repor	t mg/	L n/a	01/30	Grab
Boron	SAMPLE MEASUREMENT										
Boron	PERMIT REQUIREMENT					Report	Repor	t mg/	n/a	01/30	Composite
Production	SAMPLE MEASUREMENT										
Troduction	PERMIT REQUIREMENT	Report	Report	Lbs/day					n/a	01/30	Records
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		ERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHM EPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH SIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATH ALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE I RSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPOIN THERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF		A SYSTEM JERED AND PERSON OR NSIBLE FOR MY			TELEPHONE		С	ATE	
		VLEDGE AND BELIEF, TRUE SIGNIFICANT PENALTIES F SIBILITY OF FINE AND IMPRIS	FOR SUBMITTING FALSE SONMENT FOR KNOWING \	INFORMATION, INCL /IOLATIONS. SEE 18	UDING THE USC §						
TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS		AND 33 USC § 1319. (PENA 00.00 AND OR MAXIMUM IMF		SIGNATURE OF PRINCIPAL EXECUTIVE AREA NOFFICER OR AUTHORIZED AGENT CODE			NUMBER	YEAR	MO DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)